

Effective Date: October 10, 2012

CRITERIA FOR PRIOR AUTHORIZATION

Ampyra® (dalfampridine)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) require prior authorization:

Ampyra® (dalfampridine)

CRITERIA: (must meet all of the following)

- Diagnosis for multiple sclerosis (340.00).
- Absence of seizure disorder.
- Absence of renal failure or renal impairment defined as CrCl \leq 50ml/min or less.
- Age \geq 18.
- Prescribed by or in consultation with a neurologist.
- Does not exceed the following quantity limits:
 - Two tablets per day.

RENEWAL CRITERIA:

- Quantity limit: 2 tablets per day
- Absence of renal failure or renal impairment defined as CrCl \leq 50ml/min or less.

Initial prior authorization and renewals will be approved for 6 months.